

Case Number:	CM14-0132881		
Date Assigned:	08/22/2014	Date of Injury:	09/11/2004
Decision Date:	12/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39 year old female injured worker with date of injury 9/11/04 with related bilateral knee and low back pain. Per progress report dated 7/21/14, the injured worker complained of bilateral knee and low back pain that was unchanged, and buckling knees when pivoting. The injured worker complained of joint pain, muscle spasm, soreness, and gait abnormality. She rated her pain 4-5/10 with medication and 7/10 without. Per physical exam, there was tenderness in the right gluteal region with positive straight leg raising test and FABERs maneuver. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included home exercise program and medication management. The date of Utilization Review (UR) decision was 8/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flector patches 1.3% #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES - TWC PAIN

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Flector patches contain diclofenac, a nonsteroidal anti-inflammatory drug. With regard to topical NSAID agents, the MTUS CPMTG states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." The documentation submitted for review supports the use of this medication as the structure of the knees lend themselves to topical treatment. I respectfully disagree with the UR physician's assertion that the guidelines state it is necessary to fail oral NSAIDs prior to treatment with topical NSAIDs. Furthermore, it was noted that the injured worker experiences GI upset with oral NSAIDs. The request is medically necessary.